

**CITY OF AUBURNDALE
P O BOX 186
AUBURNDALE, FL 33823**

CONTRACTOR REGISTRATION FORM

OFFICE: 863-965-5530

FAX: 863-965-5598

PLEASE PRINT

Company Name: _____

Company Address: _____

City _____ State: _____ Zip: _____

Contractor's Name: _____

Owner's Name: _____

Phone Numbers:

Office: _____ Fax: _____ Cell: _____

Email address: _____

Please Attach Copies of the Following Documents:

State Certified Contractor

- State License
- Business Tax Receipt (Occ. License)
- Liability Insurance
- Workers Comp Insurance or Exemption

State Registered Contractor

- State License
- Business Tax Receipt (Occ. License)
- Municipal Board of Examiners
- Liability Insurance
- Workers Comp Insurance or Exemption
- Five thousand dollar bond